

UNITED STATES DISTRICT COURT

District of _____

T. Rowe Price Tax-Free High
Yield Fund, Inc., et al.**SUMMONS IN A CIVIL CASE**

V.

Karen M. Sughrue, et al.

CASE NUMBER:

04cv11667 RGS

TO: (Name and address of Defendant)

Julia B. DeMoss
1830 Rittenhouse Square
Philadelphia, PA 19146

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Thomas G. Hoffman, Esq.
Greene & Hoffman, P.C.
125 Summer Street, Suite 1410
Boston, MA 02110

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(By) DEPUTY CLERK

JUL 27 2004

DATE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mail piece or on the front if space permits.</p> <p>1 Article Addressed to: Julia B. DeMoss 1830 Rittenhouse Square Philadelphia, PA 19103</p>		<p>A Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name)  <input type="checkbox"/> Dated delivery </p> <p>C Is delivered address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES enter delivery address below:</p> <p>D Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>E Restricted Delivery? (extra fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
2 Article Number Transfer from PS Form 1 7002 2030 0002 9087 2105		Domestic Return Receipt 102585-02-M-1540	
PS Form 38, 1 August 2001			